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DRAFT

South-East Asia Public Health Initiative 2004-2008

World Health Organization
Regional Office for South-East Asia
New Delhi
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The field of public health is vast. It would be unrealistic to expect to address comprehensively all that ails public health in the South-East Asia Region through a single initiative. Many countries of the Region face, among others constraints, an inadequate public health workforce. Although there are good training institutes in several countries, quality public health education is still lacking. Therefore, building capacity in the Region for quality public health education is an essential and a necessary first step. The South-East Asia Public Health Initiative, 2004-2008, focuses primarily on strengthening public health education, but at the same time, will also address other urgent public health needs in the Region.

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Annexes

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BAN	Bangladesh
BHU	Bhutan
DALY	Disability-adjusted life years
DFID	Department for International Development
DOTS	Directly Observed Treatment, short-course
EB	Extra-budgetary
ERO	External Relations Officer
FCTC	Framework Convention on Tobacco Control
HFA	Health for All
HIV	Human Immuno-deficiency Virus
IND	India
INO	Indonesia
IOM	Institute of Medicine
KRD	DPR, Korea
MAV	Maldives
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MMR	Myanmar
MPH	Master of Public Health
NEP	Nepal
PHC	Primary Health Care
PhD	Doctor of Philosophy
RC	Regional Committee
SARS	Severe Acute Respiratory Syndrome
SEA-PHEIN	South-East Asia Public Health Education Institutes Network
SEAR	South-East Asia Region
SRL	Sri Lanka
TB	Tuberculosis
THA	Thailand
TLS	Timor-Leste
UCI	Universal Childhood Immunization
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WR	WHO Representative

EXECUTIVE SUMMARY

For the South-East Asia Region, home to more than a quarter of the world's population, improving public health is a vital investment for the well-being of a significant proportion of humanity. Substantial investment and tremendous efforts are necessary to strengthen health systems in general and, public health in particular. Despite significant achievements over the past decades, there are many public health issues that are of immediate concern. Further, the future will see new and emerging public health concerns such as SARS and Avian influenza will continue to challenge the commitment and the capacity of the countries of the Region in the years ahead.

In a significant step towards strengthening public health in the SEA Region, the WHO Regional Office for South-East Asia has launched the "South-East Asia Public Health Initiative, 2004-2008." This initiative aims to achieve the following five major goals;

(1) To position public health high on the regional and national agendas, and to make it a priority issue to generate strong commitment by national policy makers;

(2) To facilitate the strengthening of public health education in the countries of the South-East Asia Region;

(3) To enhance technical cooperation on the development of national public health training institution(s) in selected countries;

(4) To facilitate the establishment of a public health education institutions' network and foster regular interaction among them;

(5) To facilitate countries to define an appropriate package of essential public health functions tailored to each country's situation and needs and support them to implement these functions

The overarching goal of this initiative is to have a strengthened public health capacity in the Member States that can provide the strategic directions for the planning, implementation and management of an efficient and an effective public health service. The initial major thrust of this initiative will be to strengthen public health education capacity in select Member States of the Region. However, side-by-side with the strengthening of public health

education, the long-term goal of this initiative is to strengthen the overall public health infrastructure, services and management within the broader context of health systems development. Public health needs to move beyond the biomedical domain and into the mainstream development agenda of a country as a discipline in its own right. Public health needs the investment necessary to safeguard the health of millions, and it needs to become a movement with not only stakeholders, but also champions to spearhead the movement.

All countries are committed to the goals and targets set in the strategy document, "Health for all in the twenty-first century," endorsed by the 51st World Health Assembly, and also in the Millennium Development Agenda of the UN. This is an opportunity to facilitate countries to reach those targets and help create a Region where a strengthened capacity for public health will not only lessen the burden of death and diseases, but also contribute to improving the quality of life.

1. INTRODUCTION

"With over 1.5 billion people, the 11 Member Countries of WHO's South-East Asia Region can be said to hold the key to the world's health status."[1] While the Member States (Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) of WHO's South-East Asia Region (SEAR) is home to only about 25% of the world's population, this Region bears the major share of the global disease burden. For example, more than 75% of the global leprosy caseload, 90% of the rabies deaths worldwide, 38% of the world's TB burden[2] and an estimated 6 million people with HIV/AIDS[3] are in this Region. It is also estimated that 33% of maternal and 29% of all under-five deaths occur in this Region. The importance of strengthening health systems in general and public health in particular cannot be over emphasized if the countries of the Region are to make progress towards the goal of *'Health for All."* Realizing this urgent need, the WHO Regional Office for South-East Asia initiated several steps towards the improvement of public health in the countries of the Region. Among the most notable of these activities was Regional Conference on *"Public Health in South-East Asia in the 21st century,"* held in Calcutta in 1999. This conference brought together leaders of public health education, research and services as well as international experts and agencies working in the field of health and development. The resulting Calcutta Declaration is a landmark in the development of public health in the Region. The declaration laid out four strategic directions for the development of public health in the Region. These are:

(1) "Promote public health as **a discipline and as an essential requirement for health development** in the Region. In addition to addressing the challenges posed by ill-health and promoting positive health, public health should also address issues related to poverty, equity, ethics, quality, social justice, environment, community development and globalization;

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[1] Jong-wook, Lee. Foreword in 'Meeting Health Challenges, 10-year journey across the South-East Asia Region, by Dr. Uton M. Rafei. WHO/SEARO, 2004

[2] The Work of WHO inn the South-East Asia Region. Report of the Regional Director, 1 July 2001 – 30 June 2002

[3] 2004 Report on the global AIDS Epidemic. UNAIDS

(2) Recognize the **leadership role** of public health in formulating and implementing evidence-based public health policies; creating supportive environments; enhancing social responsibility by involving communities, and increasing the allocation of human and financial resources;

(3) Strengthen public health by creating **career structures** at national, state, provincial and district levels, and by establishing policies to mandate competent background and relevant expertise for persons responsible for the health of populations, and

(4) Strengthen and reform public health **education and training, and research**, as supported by networking of institutions and the use of information technology, for improving human resources development."

Since the Regional Conference in Calcutta, several other activities have been carried out. This document highlights the context, the objectives and the actions that will further move the agenda of strengthening public health in the Region. This initiative will first strive to improve public health education and training capacity in the Region, as well as promote an active network of public health training institutes. Along with the strengthening of public health education, this initiative will also strive to support countries to strengthen public health within the context of health systems development. To that end, the essential public health functions will be examined within the context of each country's public health policies, infrastructure, human resources and service capacity. It is hoped that this initiative will lay the foundations of public health in the countries of the Region that is people-oriented, responsive to change, is of the best technical quality possible, is sustainable and is directed towards ensuring equity and balance.

2. BACKGROUND

2.1 Achievements since Alma-Ata

While the South-East Asia Region continues to bear the brunt of global diseases and deaths, countries of the Region have also made tremendous progress since the declaration of Alma-Ata in 1978 in improving the health status of their people. The crude birth rate has declined from 33.5/1000 population in 1980/1985 to an estimated 23.6/1000 population in 2000/2005; similarly crude death rate declined from 12.5/1000 population in 1980/1985 to an estimated 8.2/1000 population in 2000/2005[4] and an average life expectancy increase of 21.9 years since the 1950's. Although the decline was gradual and uneven for the countries of the Region, the maternal mortality ratio (MMR) showed a definite downward trend; for example, MMR[5] for India declined from 450/100,000 live births in 1986 to 390/100,000 live births in 1995; for Indonesia, from 450/100,000 live births in 1986 to 390/100,000 live births in 1995 and, for Bangladesh to about 390/100,000 live births in 1996. The proportion of deliveries attended by skilled birth attendants rose from less than 20% in 985 to about 42% for India in 2000, and from less than 20% in 1986 to 62% in Indonesia by 2000. Infant mortality declined from about 110/1000 live births in 1980/82 to about 68/1000 live births in 1994/96[6]. At the same time, the proportion of population with access to safe drinking water rose from about 50% in 1983/85 to about 80% by 1990/93. Significant achievements were also made in the area of preventing iodine and Vitamin A deficiency disorders.

By 1990, all countries in the Region had achieved and declared Universal Childhood Immunization (UCI). All countries remain committed to ensure universal immunization with at least the six basic antigens, and immunization continues to be an important thrust in the struggle to reduce childhood mortality and morbidity. Fig 1 shows DTP3 coverage which can be used as a proxy to indicate the overall performance of immunization services.

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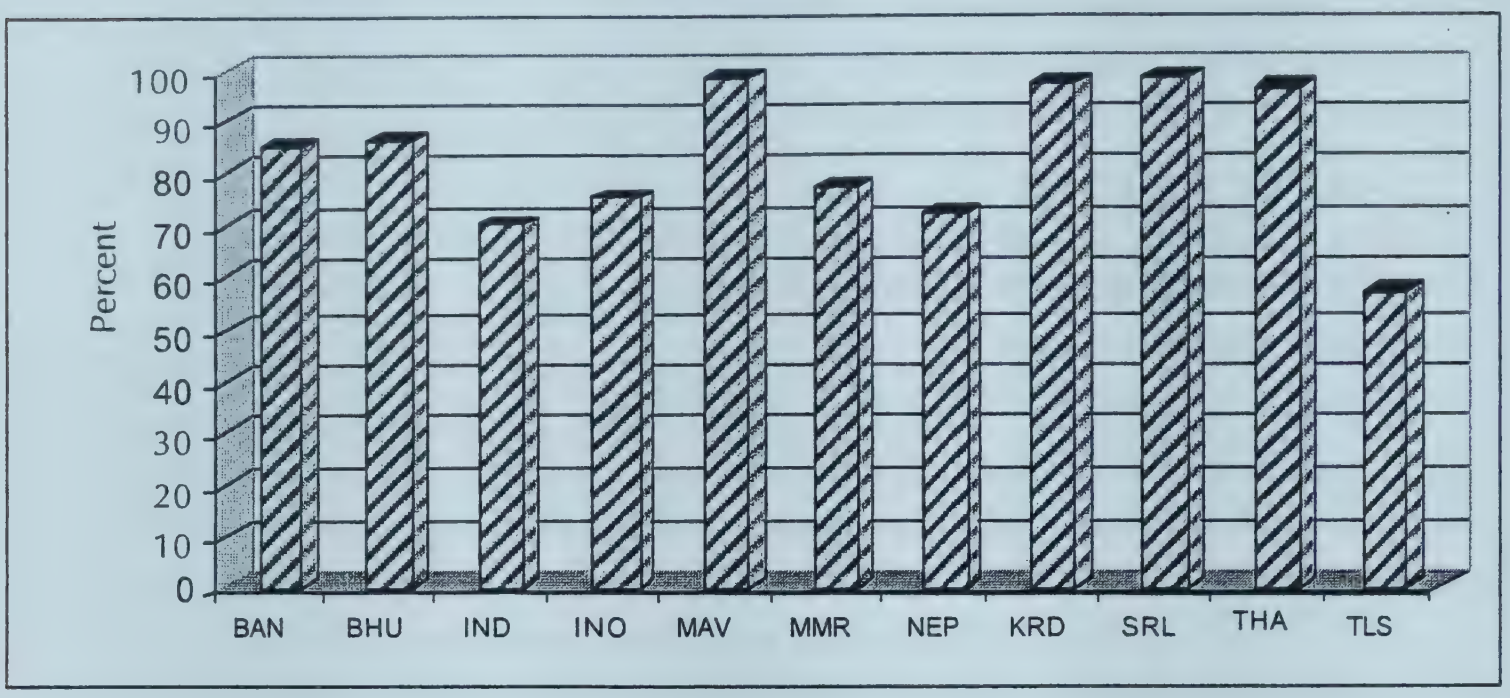
[4] Health Situation in the South-East Asia Region, 1998-2000. SEA/HS/222

[5] Report of the third evaluation of the implementation of HFA strategies- South-East Asia Region. SEA/RC50/13 Add.1

[6] Evaluation of the implementation of the global strategy for Health for All by 2000. 1979-1996. WHO/HST/98.2

Figure 1. ***DTP3 coverage (in %), SEAR Countries, 2002***



Countries have now reached a stage where they are looking beyond the traditional six antigens to include other vaccines such as hepatitis B and Japanese Encephalitis.

The countries of the Region also made notable progress in the control of locally endemic dseases. Guineaworm disease was eradicated, leprosy is close to elimination and poliomyelitis is on the verge of eradication. Overall life expectancy has increased to more than 60 years and a dramatic decline is seen in common childhood killers such as diphtheria and pertussis. Similarly, more than 2 million TB patients have been treated under the DOTS strategy with over 80% success rate. Thailand is among the few countries in the world that has successfully stemmed the spread of HIV infection.

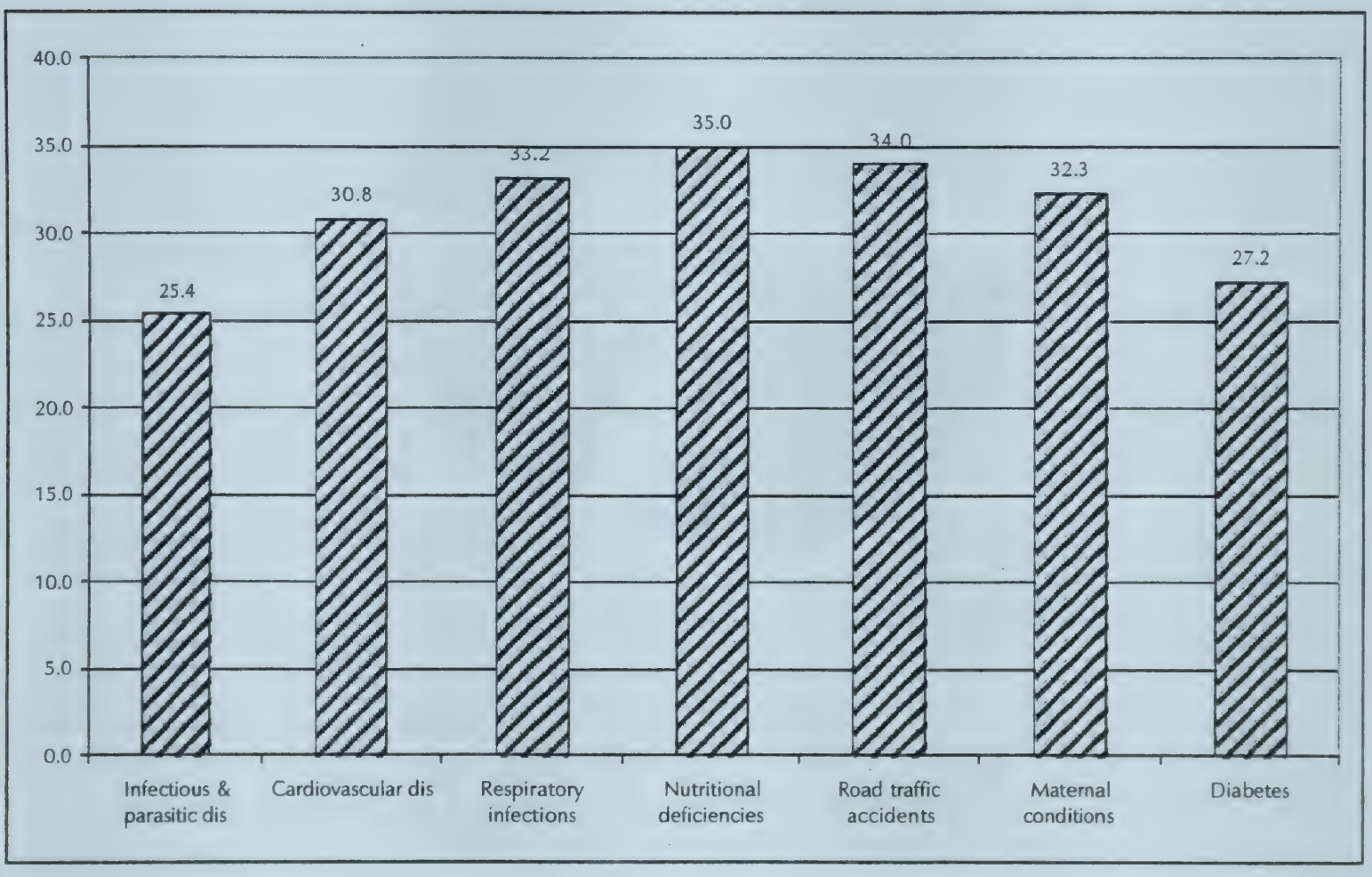
Since Alma-Ata, countries of the Region have also taken significant steps to establish health systems in accordance with the strategies of Primary Health Care, emphasizing on decentralization and district health system development, community participation and volunteerism in local health actions, including the engagement of the private sector in providing health care services to the people.

2.2 Unfinished agenda and remaining challenges in public health for the SEA Region

Despite these notable achievements, there are formidable challenges that need to be overcome to achieve an improvement in the health and quality of

life of people in the Region as it bears a heavy burden of morbidity and mortality from common diseases (Fig 2).

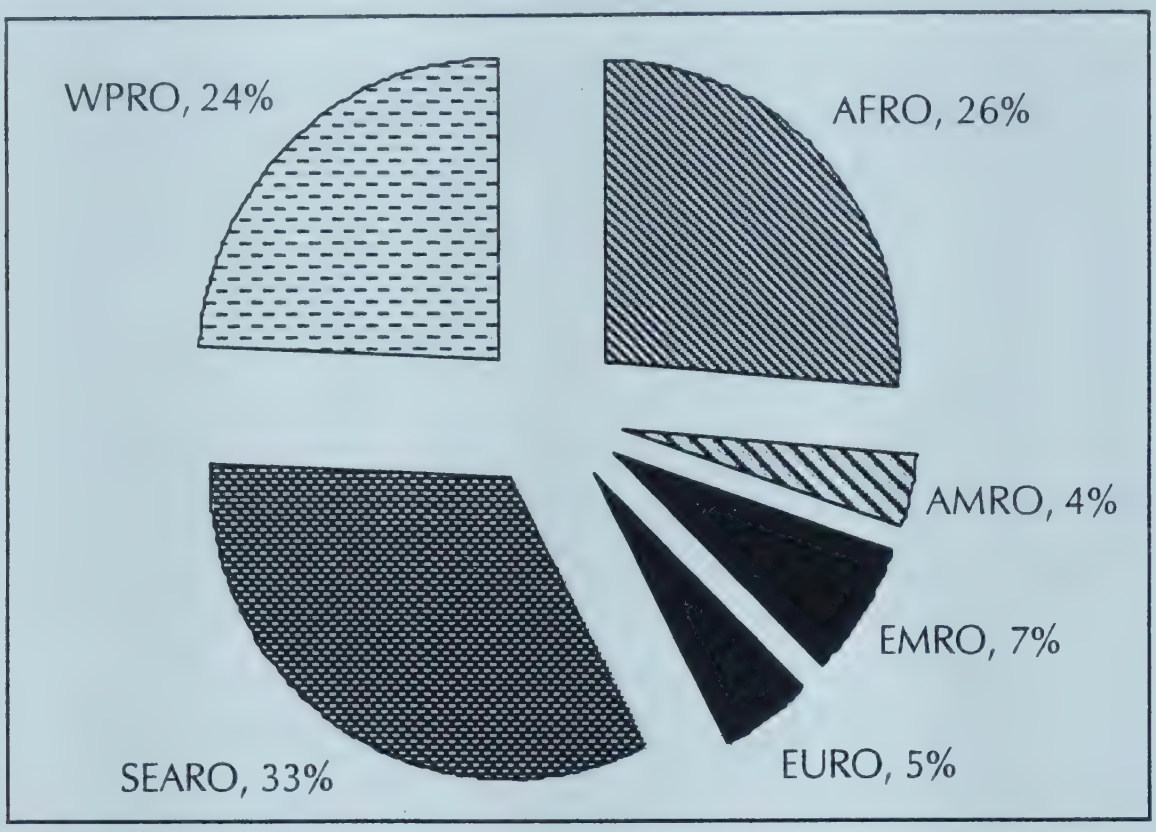
Figure 2. ***Leading causes of burden of disease in terms of DALYs in the SEARegion as a proportion of the world, 2000***



Source: Health Situation in the South-East Asia Region, 1998-2000. WHO/SEARO

For instance, the Region has almost 40% of the global cases of tuberculosis (Fig 3), with an estimated 3 million new cases a year and more than 600,000 deaths a year. This is further complicated by the emergence of drug resistance to the common anti-TB drugs, and the global HIV/AIDS pandemic: Sixty percent of AIDS cases develop TB as it is the most common opportunistic infection associated with HIV. Similarly, an estimated one million cases of leprosy occur each year and of that, 90% are in SEA Region alone. Despite some successes, malaria, dengue and other vector borne diseases such as Japanese Encephalitis continue to be major public health problems. HIV/AIDS is a looming public health disaster as an estimated 6 million or more HIV/AIDS cases are in the South-East Asia Region and close to 590,000 AIDS deaths occur annually.

Figure 3. ***South-East Asia Region's share of the global problem of TB, 2002***



Source: WHO Fact Sheet No. 104, Revised March 2004

Although all countries recognize immunization as an important component of public health to prevent childhood morbidity and mortality from vaccine preventable diseases, more than 12.5 million children born every year have no access to routine immunization. An estimated 500,000 children die each year, before the age of five, from vaccine preventable diseases[7]. WHO estimates that 243,000 measles deaths[8] occurred in the Region in 1999, and 196,000 deaths in 2002. More than 3.1 million under-five children die each year from various preventable causes and from lack of access to essential services.

The countries of the Region made notable progress in the control of iodine deficiency disorders and Vitamin A deficiency diseases. However, the Region has 79% of the world's malnourished children and an estimated 600 million women still suffer from iron deficiency anemia.[9]

While countries are still struggling to sustain efforts to combat communicable diseases, the Region is undergoing rapid urbanization and

[7] Immunization and Vaccine Development, Strategic Plan 2002-2005, South-East Asia. WHO/SEARO
[8] Progress towards sustainable measles mortality reduction-South-East Asia Region, 1999-2002. Weekly Epidemiological Record, No.26, 15 June 2004
[9] Nutrition in South-East Asia. WHO, SEA-NUT-148. 2000

changes in the socio-economic status and lifestyles of large segments of population. This has led to a rapid rise in major noncommunicable diseases especially cardiovascular diseases, cancers, diabetes, mental health and road traffic injuries. Coupled with these are more recent threats such as SARS and Avian influenza. The rapid population growth, unacceptably high maternal mortality and the rapid demographic changes are of serious concern to the Region. At the same time, health systems in many countries are either inefficient or insufficient due to various reasons and, thus, are poorly prepared to tackle the emerging health issues of the new century. The challenges to strengthening of public health in the Region include:

- Lack of strong national policies supportive of public health and low investment in health (see Table 1) by national governments;
- Lack of adequate physical infrastructure to deliver public health services;
- Lack of trained public health human resources;
- Inadequate facilities for training public health workforce. Where training institutes exist, training is either insufficient or of mediocre to poor quality, often with inappropriate course curriculum; and
- Lack of interaction between public health institutions within the country and within the Region to share experiences and take cross country actions.

Table 1. *Investment in health, SEAR Countries, 2001*

	BAN	BHU	KRD	IND	INO	MAV	MMR	NEP	SRL	THA	TLS
Total expenditure on health (as % of GDP)	3.5	3.9	2.5	5.1	2.4	6.7	2.1	5.2	3.6	3.7	9.8
Per capita total expenditure on health at average exchange rate (US$)	12	9	22	24	16	98	197	12	30	69	n/a
Per capita government expenditure on health at average exchange rate (US$)	5	8	16	4	4	82	35	3	15	39	n/a

Source: The World Health Report, 2004, Changing History. WHO

As the last century drew to a close, the world witnessed significant advances in health technology, rapid changes in the epidemiology of diseases and a tremendous impact of liberalization of global trade and commerce on health and lifestyles. The goal of Health for All (HFA) set in 1978 still remains valid. Despite the slow progress towards achieving the HFA goals, the steps taken by countries to implement the key strategies to strengthen primary health care have provided the impetus and experience to progress towards HFA in the 21st Century. Against the backdrop of many challenges in the new century, there are also new opportunities to overcome these challenges.

3. MEETING THE CHALLENGE

The Calcutta Declaration on Public Health provides a framework and future strategic directions for the development of public health in the Region to meet the new challenges in public health and to maximize the opportunities of changing technology and evolving partnerships. As a continuing process, several activities have already been carried out. Some of these are:

(1) In 2002 a Regional Consultation on "Accreditation Guidelines for Educational/Training Institutions and Programmes in Public Health" reviewed the status of public health education/training in the Region and put together a framework guide for accreditation to enable countries to formulate national standards for public health education for various levels of public health workforce.

(2) The intercountry meeting on "Networking of Public Health Institutions," in 2003, formulated a framework for the establishment of a network of public health institutes, including a plan of action for such a network. The meeting also looked at the need for Region-specific core competencies necessary for a course such as that for an MPH programme.

(3) Also, in 2003, a Regional Consultation on "Family Medicine, A Regional Scientific Working Group Meeting on Core Curriculum," looked at the need to promote family medicine in the Region. Since many countries do not have family medicine as a discipline by itself, the Scientific Working Group chalked out what could form a core curriculum for starting such a training course.

(4) In December 2003, an informal consultation on *"Future Directions in Public Health-Calcutta and Beyond,"* was held to review the progress made since the Calcutta meeting, and to set the future agenda. In strengthening health systems in general, and public health in particular, in countries of the Region.

(5) An International Forum of "South-East Asia Public Health Education Institutes Network (SEA PHEIN)," in 2004, worked out the details of networking between public health education institutes. The network is to promote exchanges between institutes and between countries

and to share experiences and expertise in public health education and training. A dynamic networking of public health institutes, public health groups and public health people would lead to a public health movement that can impact positively on the policies and practices of public health in the Region.

In order to continue the momentum built so far and to consolidate these activities, and to further intensify efforts for an integrated plan of action for the strengthening of public health in the Region, the 'South-East Asia Public Health Initiative, 2004-2008,' has been launched. The main goal of this initiative is to strengthen public health capacity for strategic planning, implementation and management of public health services. However, strengthening public health education in select Member States will be the initial major thrust of this activity; support will be provided for the improvement of public health education in countries where public health training/education institutes already exist.

The vision, objectives, and strategies to improve public health policies, education and practices in countries of the Region will ensure the integration of the following dimensions in a concerted and coordinated manner:

- Health For All, All for Health;
- Community and population based interventions;
- Multidisciplinary and multisectoral approaches;
- Ecological and environmental dimensions;
- Focus on under-served, under-privileged and vulnerable groups of population; and
- Emphasis on health promotion and disease prevention

Strengthening of public health within the context of health systems development will strive for an integrated approach to develop sound public health policies, appropriate public health education, relevant public health research and strategic public health practice. Strengthening country capacity to forecast public health workforce demand, plan appropriate training and deploy these trained public health workers correctly will be crucial to the development of an effective and efficient public health service. Building on the achievements of the Health-For-All strategy and, within the context of a renewed call to strive for 'Health-For-All in the 21st Century, the initiative aims to review the essential public health functions in Member States and address

gaps where appropriate. Research and applied solutions to strengthen essential public health functions from other WHO Regions will be reviewed and, where appropriate, adapted and applied to strengthen health priorities in the Region.

The implementation of the "South-East Asia Public Health Initiative, 2004-2008," will require multiple partners at multiple levels. For WHO, the initiative will be addressed through both its normative and technical cooperation functions in a two-pronged approach; all activities in this initiative that have direct links with the work of various technical units of the Regional Office and that of country offices will be integrated into their work plans for implementation, and targeted support will be provided to some of the countries for select activities. At the same time, countries will integrate the activities into their national health plans of action and wherever possible, use their own resources to support the initiative and, if necessary, work with their development partners to support the strengthening of public health.

At the global and regional levels, WHO will also work closely with its allies and the donor community to mobilize resources to support WHO to facilitate countries to achieve their goals and objectives. Fostering partnership and energizing advocacy for public health will form an important component of the work of the Regional Office for South-East Asia.

4. A FRAMEWORK FOR ACTION

4.1 *A vision for the future*

The overall objective of the "South-East Asia Public Health Initiative, 2004-2008," is to strengthen public health as a major part of health systems development in Member States of the Region. By the end of 2008, the health systems of the countries will have the capacity for strategic planning for health services, to respond immediately and effectively to emerging and re-emerging public health threats, and an overall improved public health education and training capacity in several of the Member States.

4.2 Mapping the vision

All Member States of the Region are committed to the attainment of the UN Millennium Development Goals. Three of the eight MDG goals, eight of the 18 targets and 18 of the 48 indicators are health related[10]. For many countries of this Region, significant efforts and investments will be necessary to achieve the health-related MDGs. To stimulate health development and strengthen public health in the Region, the SEA Public Health Initiative sets out to achieve at least five key goals.

Goal 1: To position public health high on the regional and national agenda, and make it a priority issue to generate strong commitment by national policy makers

Background and current status

Past efforts to strengthen public health include promoting the development of a comprehensive human resources for health plan, promoting uniformity in allied health education in the Region, strengthening regional training and building national and regional excellence for allied health education to meet the changing health needs of the Region[11]. The 1997 'Declaration on Health

[10] The World Health Report 2003, Shaping the Future. WHO

[11] Rafei, UM. Opportunities and Challenges in Health Development in the South-East Asia Region. SEARO Regional Publications No.44

Development in the South-East Asia Region in the 21st Century'[12] called upon Member States to place health high on the political and development agenda of countries. However, in many countries health policies do not place sufficient importance on public health and far less investment than necessary is made on strengthening public health. Necessary legislative framework to protect the public from health hazards is either lacking or not implemented effectively. In most countries, public health has no visibility and public health workers are in short supply.

One of the main reasons why public health workforce is in such short supply in many countries of the region is because of the low importance given to public health as a subject, poor incentive and career structure for public health workers as compared to their peers in clinical sciences. Yet, everyone agrees that to be able to provide a responsive, equitable and quality public health service to the population of a country, a strongly motivated, multi-skilled group of health workers well versed in the art and science of public health is essential. To build such a workforce would require policy changes to make a career in public health attractive, strengthened institutional capacity for quality training, and moving public health beyond the confines of clinical sciences to include other disciplines such as leadership, economics, management, communication, etc. To be able to generate reliable evidence for policy change, well trained public health experts are necessary to promote research, carry out analysis and translate research into action.

In past forums, discussions on many related topics have been held with several resolutions passed to review, strengthen and monitor progress towards the goal of a strong public health system and service in all countries. Several countries have initiated steps to revise national health policies. India developed a draft national health policy[13] and many other countries are in the process of reviewing their own national health policies and public health strategies. Thailand's experience of systematic health policy and health systems research, not only to explore gaps in existing knowledge, but to galvanize and direct policy changes towards systematic and evidence-based

[12] Declaration on Health Development in the South-East Asia Region in the 21st Century. WHO/SEARO. New Delhi 1997

[13] Draft National Health Policy -2001, accessed on 5 Jul 2004 from http://www.mohfw.nic.in/np2001.htm

health reforms[14] is an excellent example of evidence-based health policy development.

WHO is in an ideal position to influence national policy and decision making on health matters. Apart from WHO country offices through which WHO works closely with ministries of health, WHO can and does coordinate and conduct regional and global consultative meetings with different levels of national authorities as well as bringing together different stakeholders in the health arena. Therefore, to place the issue of strengthening public health does not need any major changes in the process and mechanisms for consultation and advocacy; the issues need only to be placed on the agenda of these key consultative mechanisms. WHO has an opportunity to advocate at the highest level to generate interest within governments, and also provide the technical assistance for governments to ensure the integration of core public health issues into policy decisions and national laws, and to further strengthen financial commitment to public health.

Achieving the goal - from ideas to action

- Commission a desktop review of country health policies to analyse the strengths and weaknesses, particularly with regard to public health policies and its relation with other allied health sectors
- Present the findings from the above analysis and make a proposal for strengthening public health policies in Member States at the Health Secretaries' Meeting, at the Health Ministers' Meeting and, finally, at the WHO Regional Committee Meeting for South-East Asia in 2005
- Provide technical assistance to countries drafting revised Health Acts or promulgating new laws for health system strengthening to ensure sufficient emphasis for public health in these acts, laws and bye-laws
- Promote health systems research, including public health policy research
- Ensure the placement of issues of public health on any national development agenda
- Form coalition with mass media to promote public health and its priorities
- Promote evidence-based policy making

[14] Phoolcharoen W. Quantum Leap: The Reform of Thailand's Health System. Health Systems Research Institute, 2004

Goal 2: To facilitate the strengthening of public health education in the countries of WHO South-East Asia Region

Background and current status

The countries of South-East Asia Region, like many other developing countries, face serious shortages of health workforce and, in particular, public health workforce. Due to this critical need, the Calcutta Declaration of 1999 called for the establishment of public health as a discipline in its own right. Public health training is a discipline buried within the major emphasis of clinical training and, consequently, public health practice is often interpreted as an extension of hospital care.

In today's world of market economy and trade liberalization, even with the availability of funds and other resources, public health systems cannot function optimally due to insufficient human resources.[15] This shortage is further exacerbated by the lack of skill mix required in today's public health worker. Today's public health worker needs "leadership ability, strategic thinking and planning capacity, flexible management skills, and enhanced communication ability"[16] to cope with the demands of new public health. The major impediment to an effective response and a strategic approach to tackle emerging public health problems will be the lack of a well trained public health workforce. Even where a country has invested in the training of such workforce, it is seen that increasingly, medical doctors and allied health workforce are moving, both within their own country as well as across international and regional boundaries.

Further, public health training in many of the training institutes is firmly imbedded in the biomedical model of health care wherein public health is set within clinical practice. Similarly, when public health education is made part of medical education, public health education takes only secondary importance. Unfortunately, whatever little training in public health is conducted, it continues to be focused on curative care and on medical professionals only. Public health education needs to embrace other disciplines, e.g. such as social sciences and management, and the public

[15] Narasimhan V, Brown H, Pablos-Mendez A et al. Responding to the global human resources crisis. Lancet; 363: 1469 - 1472

[16] Biscoe, Gillian. Public Health, Health Ministries, and Governments: In Juxtaposition? Possible strategic approaches for the Road to Success. Journal of Health & Population in Developing Countries, 2000 2(1); 61-66

health workforce needs to be diversified to include other professionals, in addition to medical graduates.

Currently, many countries in the Region have institutes that train public health workers. For example, the first public health institute in South-East Asia is the All India Institute of Hygiene and Public Health (AIIPH), Kolkata. In addition, **India** has several other public health institutes that provide a number of degrees, including post-graduate in training in community health in several of the hundreds of medical colleges in the country. There are at least 37 public health institutions in **Indonesia** with nine offering post graduate programmes. In **Bangladesh**, one institute, (NIPSOM), provides public health courses and degrees. In **Myanmar,** there are five medical institutes with three of them providing public health training. The Institute of Medicine (IOM), **Nepal**, established in 1972, offers bachelors, masters and post graduate degree programmes. **Sri Lanka** has under graduate medical training in six faculties of medicine which offer courses focusing on an integrated, student-centered and community-oriented medical education programme. At the same time, post graduate training programmes are implemented through the Postgraduate Institute of Medicine (PGIM), University of Colombo. **Thailand** has no less than 16 institutions providing training/education in public health. While many institutes offer courses, Mahidol and Chulalongkorn Universities are popular and offer courses for, both Thai, and international students. Courses include graduate diploma, bachelors, masters and doctoral degrees.

While the Region has institutes for public health workforce training and education, they have been unable to meet the challenge of the changing demands of rapidly evolving public health needs. It is also common to see public health education under the umbrella of medical education. Some of the weaknesses that impede the development of relevant and sufficient number of public health workforce in the countries of the Region are:

- Lack of national policy emphasizing the need for a public health cadre;
- Lack of incentives and career structure for public health professionals;
- Courses that are either obsolete or irrelevant to the public health needs of the countries of the Region;
- Courses are often too didactic and theoretical and do not provide sufficient hands-on, field-level training;

- Low emphasis on other skills such as management, leadership and communication in the training of public health workers;
- Inability to take into account that public health workforce training is not merely a question of supply, but a complex interaction of demand, supply and mobility;
- Public health courses are seen only as an extension of the biomedical model of clinical training, and
- Emphasis on only medical personnel doing public health work, often without any background or training in public health.

Achieving the goal – from ideas to action

- Establish a panel of regional and international experts in public health education to develop a Region-specific public health education/training framework
- Promote the need for a master plan for the development and deployment of public health workforce in Member States
- Develop and maintain an inventory of public health institutes and the courses that they offer, linking the database on public health workforce in respective countries and the available public health training/education opportunities in the Region
- Commission research on public health workforce demand, supply and deployment issues, and the determinants of public health workforce migration
- Support activities for strengthening public health education in India
- Establish an inventory of public health workforce in South-East Asia Region

Goal 3: To enhance technical cooperation on the development of national public health training institution(s) in select countries.

Background and current status

As a part of the initial thrust to strengthen public health education and training in the Region, targeted support will be provided to Myanmar, Nepal, India, and Indonesia to assist them to either improve their training curriculum and training capacity in the existing institutions or, where appropriate, assist in the

establishment of new training institutes or schools of public health. The special needs of Timor-Leste will be addressed separately.

(a) Myanmar

Strengthening of public health in Myanmar is given the highest political consideration, along with the recognition that human resources development for public health is critical to the achievement of that goal. The government views the establishment of education and training schools of public health as an immediate priority to ensure quality public health workforce that can build a public health that can support the government to make evidence-based decisions for national health policies and public health interventions.

Currently, there are five Institutes of Medicine (IM) under the Ministry of Health which are empowered to grant medical degrees. Only three (IM-1, IM-2 & IM-Mandalay) of the five institutes grant post-graduate degrees. In addition, the Institute of Community Health in Magway provides training programme for doctors and health assistants, but no post-graduate training is offered. A post-graduate programme leading to a PhD was initiated three years ago, but, so, far it has not produced that many graduates from this course.

(b) Nepal

Nepal, with a population of almost 23 million people, recognises the need to have public health workforce training capacity within the country as a priority. Currently, it has only limited capacity for training in public health despite having several teaching medical colleges in the country. The Institute of Medicine (IOM), under the Thribhuvan University, trains paramedical health workers. It was upgraded to a full-fledged training institute only in 1983. The institute currently offers bachelor of public health (BPH) as well as master of public health (MPH) degrees. The Government is keen to develop the capacity of this institute to broaden its training areas to include subjects such as health management, health economics and health leadership.

(c) Indonesia

At least 9 of the 37 public health institutions in Indonesia currently provide post-graduate level training. Indonesia is keen to develop its education and training capacity in public health through broadening of training curricula and the raising of public health education standards to international levels. At the

same time, improvement of facilities such as libraries, laboratories and other academic training facilities are urgently needed.

Following the economic crisis of 1997, Indonesia is going through rapid systemic changes with the pushing of the decentralization process and structural adjustments guided by the World Bank to improve their economy. These major changes pose great challenges to the provision of health services to the people. If the Government is to meet the global challenges of reaching the Millennium Development Goals, a sound public health system would be essential and, for that, a mutli-skilled public health workforce is necessary.

(d) India

Despite having some of the oldest public health institutes, and several well-recognized medical colleges offering post-graduate training in public health (or community health), India's public health infrastructure and delivery system is either not functioning optimally and, in some case, it may be actually declining. Public health education in India is firmly imbedded within the framework of clinical sciences and, therefore, is of secondary importance. Investment in public health is probably one of lowest in the world.

Realizing the urgent need to redress this neglect of public health, the Government of India is launching an initiative, in collaboration with USAID, to strengthen public health education and establish new schools for training in public health. The WHO Country Office in India has established a core group of technical experts within the WR's Office to develop, in consultation with concurrent institutes and the government, a strategy paper for strengthening not only public health education, but also overall public health.

Achieving the goal – from ideas to action

- Review the situation of public health education and formulate a plan of action to improve or initiate public health education/training in Myanmar and Nepal
- Review the current training programmes and public health education curricula in the institutes that provide public health education in India and Indonesia, and chart out a plan of action to assist these countries to strengthen their public health education activities
- Formulate a regional framework of a public health curricula for different courses and promote their adoption

Contd...

- In collaboration with SEA PHEIN and WHO, institute immediate faculty exchange programmes. The focus should be on advancing skills and knowledge the junior faculty so that they can return to initiate similar courses/training programmes in their parent institutes.
- Encourage and support these institutes to conduct research in various aspects of public health and public health development to generate evidence to aid policy decisions
- For specific training activities, eg vaccine management, EPI Mid-Level Managers Training, etc., build local capacity through institutional strengthening so that training of peripheral primary health care workers is continued and carried out within the country itself.

Goal 4: To facilitate the establishment of a public health education institutions' network and foster regular interaction among them

Background and current status

Following the 1999 Calcutta Declaration on Public Health, a Regional Consultation[17] on the development of accreditation guidelines for education/training institutions and programmes in public health was held in Chennai, India, in 2002. In April 2004, a South-East Asia Public Health Education Institutes Network (SEA PHEIN) meeting[18] was held in Bangkok to outline the vision, objectives and the strategic plans for the establishment of a network of public health institutions in the Region. Several countries of the Region have public health training and research institutes carrying out notable activities within their own mandates. What is currently lacking is a mechanism for collaboration between various institutes in the same country, and between institutes in different countries of the Region. Through the establishment of SEA PHEIN, a formal system of collaboration and sharing of expertise among institutes in the countries of the Region is envisaged.

In the SEA Region, Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand have several institutes that offer public health education, ranging from diploma to post-graduate levels. Much of the curricula offered in

[17] Accreditation Guidelines for Education/Training Institutions and Programmes in Public Health; Report of the Regional Consultation, Chennai, India, 30 January – 1 February 2002. SEA-HMD-213

[18] South-East Asia Public Health Education Institutes Network (SEA PHEIN); Report of the International Forum, Bangkok, Thailand, 5 – 8 April 2004

many of these institutes are modeled on health needs of the western and industrialized nations rather than on the specific needs and demands of public health in the Region. Further, due to a lack of collaborative efforts between institutes, public health educators have been unable to keep up with the changing needs of modern public health and, consequently, continue to teach courses that are either too theoretical or irrelevant to the current epidemiology of diseases in respective countries.

The establishment of such a network and the interaction and exchange of information, expertise and experiences between institutes from different countries is expected to foster an understanding of the common needs in public health for the Region; more importantly through such interactions, it is expected that a movement for putting public health high on the national health policy development agenda will be generated. Through the active engagement of scientists, advocacy experts, policy makers, media and individuals, a mass movement for public health would be initiated. With the maturation of the network and its functions is expected also to lead to the establishment of a kind of ***'virtual university*** for public health,' wherein all categories of public health workers can access updated information on a regular basis.

Achieving the goal – from ideas to action

- Establish a secretariat for the SEA PHEIN at the Mahidol University and develop a webpage with regular e-newsletter to member institutes
- Establish a panel of experts in the Region to guide accreditation for education/training institutes and programmes in public health and establish a regional council for accreditation
- Promote exchange of experts between institutes in the Region as well as globally (wherever possible) and facilitate the signing of MoUs between institutes
- Formalize a South-East Asia Public Health Association (SEAPHA)
- Organize an annual meeting of public health experts, advocates and senior national health policy makers to promote public health and to define the regional agenda for policy, research and implementation of public health services
- Establish virtual university for public health

Goal 5: To facilitate countries to define an appropriate package of essential public health functions tailored to each country's situation and needs and support them to implement these functions

Background and current status

In the strategy for Primary Health Care contained in the Alma-Ata Declaration[19], eight key components were detailed which included health education, promotion of food supply and proper nutrition, adequate supply of safe water and basic sanitation, maternal and child care, including family planning, immunization against the major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries, and provision of essential drugs. Since Alma-Ata, many countries have achieved significant progress in the health status of their population, but this was impeded by lack of funding, poor management, and insufficient political commitment. WHO published the "Health for all in the twenty-first century" policy document[20] detailing out the achievements of the primary health strategy and strengthening it further by making necessary changes to meet the challenges of the 21st century; it called for achieving 10 targets by 2020. The renewed call for strengthening HFA was endorsed by the Fifty-first World Health Assembly[21]. One of the key strategic approaches for the achievement of HFA in the 21st century was to define a core set of functions as essential functions of a sustainable health system.

Essential public health functions are a set of fundamental and indispensable activities to protect the population's health and treat disease, targeted at the environment and the community. The WHO commissioned an international Delphi Study in 1998[22] that identified nine essential public health categories and functions that are considered essential to be performed at least to the minimum standards by countries at all levels of development. The functions are:

- Prevention, surveillance and control of communicable and noncommunicable diseases
- Monitoring the health situation

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[19] Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978
[20] Health for all in the twenty-first century, WHO policy document for the Fifty-first World Health Assembly,1998
[21] Health-for-all policy for the twenty-first century. WHA51.7, agenda item 19
[22] Bettcher DW, Sapirie S & Goon EHT. Essential public health functions: results of the international Delphi study. *Wld hlth statist. quart.*, 51 (1998)

- Health promotion
- Occupational health
- Protecting the environment
- Public health legislation and regulations
- Public health management
- Specific public health services
- Personal health care for the vulnerable and high risk populations

Many countries have conducted similar exercises to define their core set of essential public health functions; for example, the "Public Health in the Americas" Initiative defined 11 essential public health functions[23] as critical for public health in the countries of the Americas. Other countries such as the United Kingdom, Australia and Canada have also carried out similar exercises. In the Western Pacific Region of WHO, a three country (Fiji, Malaysia, and Vietnam) study[24] of essential public health functions was conducted in 2003 which is providing important inputs in these countries' revision of their policies and strategies towards HFA in the 21st century. In the SEA Region, no country has as yet carried out such a study.

Defining essential public health functions would determine the priorities, vulnerabilities and the missing linkages between public and the public health services. It would also provide the basis for the government to ensure the provision of an essential package of services to protect the health of its own people. However, health systems in many of the countries of our Region are in disarray due to either lack of resources, political commitment or inefficient and unstable governments. There is an urgent need to re-visit the health systems and health policies in many countries so that they are able to adapt to the rapidly changing epidemiology of diseases and build infrastructure and capacity to respond effectively and appropriately to the emerging threats such as SARS and avian influenza. Therefore, for WHO to support countries to review their current health services capacity and help align national health policies and strategies to meet the emerging needs of the health of their populations in the 21st century is an urgent and necessary activity. For countries, along with their development partners, it is imperative that public health services and infrastructure look beyond the framework of PHC. This

[23] Health in the Americas, 2002 Edition, Vol 1

[24] Essential Public Health Functions, A three-country study in the Western Pacific Region. WPRO/WHO'2003

will require countries to define a set of public health functions as essential and ensure financial and political commitment to guarantee the promotion and protection of the health of their populations.

Achieving the goal – from ideas to action

- Commission a desktop study of the essential public health functions in all countries of the Region
- Form national core groups to conduct assessment of essential public health functions and propose revision to the package of existing public health functions
- Disseminate the findings and the lessons learnt from such reviews to effect national policy changes
- Support countries to implement elements of essential public health functions to strengthen public health services in countries
- Define core indicators, in line with global targets and goals, and assist countries to put in management and health information systems to measure and report progress
- Establish linkages with management training institutes to provide essential management skills to public health workforce
- Build epidemiology capacity within ministries of health through local

5. SHARING THE VISION & FOSTERING PARTNERSHIP

5.1 WHO

Within its normative functions, the Regional Office will ensure the integration of the activities within the biennial work plans of relevant technical units and, also the task of finding the resources to implement the planned activities. Should additional resources become available, appropriate proportions will be apportioned to the technical units to implement the activities.

5.2 Countries

WHO, through its country offices, will ensure that the priority activities are reflected in the country biennium plans and ensure the utilization of country regular budget to implement some of the activities at the country level. Additional resources will be made available wherever it is possible. Even where specific and targeted support is being provided, relevant technical units and the WHO country office will be fully involved in the implementation of these activities. While WHO can provide the technical support and guidance on the development of health policies and the planning and implementation of specific health interventions, it is ultimately the national authorities who will determine their needs and priorities in health; WHO can only facilitate and not enforce. WHO will use its comparative advantage and the many avenues of interaction with Member States at different levels to lobby for change where necessary. However, since WHO is only a technical and not a funding agency, countries need to work closely with their development partners to raise the necessary support to realize the goals of a responsive, qualitative and efficient public health service. The WHO can facilitate such interactions, both at the country level and internationally.

5.3 Development partners

While some of the countries of the Region may not need much support, many countries require substantial donor support to enable the necessary changes in public health policy and implement relevant public health interventions to make significant improvements in the health of the population. The goals of

this initiative can only be realized through fostering of partnerships between the country, its traditional development partners, and the multilateral and international agencies in that country. While WHO can facilitate such interactions and provide the technical leadership in health matters, health systems development will need the expertise and resources of other agencies such as the World Bank and the Asian Development Bank. The support of and collaboration with major bilateral donors such as DFID and USAID would be important for countries where traditionally these agencies are actively involved in development work. Finally, WHO will continue to work closely with other UN agencies such as UNICEF and UNFPA, particularly in areas of health and development where common interests feature in each agency's agenda.

6. MONITORING PROGRESS

(i) Indicators

Some of the key indicators to be monitored to assess the progress in strengthening public health in the Region are:

- Indicators identified in the Millennium Development Goals (MDG) that relate to health
- Number of institutions providing public health training/education and the number of public health workers produced through these institutes
- Proportion of countries with satisfactory implementation of essential public health functions (criteria to be defined according to the functions listed as essential by countries)
- Public health expenditure as a proportion of national health expenditure by countries
- Proportion of public health workforce (public health nurses, epidemiologists, primary health care workers) as a ratio of filled posts to required posts
- General indicators of health measurement (as regularly reported to WHO)

This initiative by itself should not require any special monitoring and evaluation mechanism. Instead, it should be able to use existing system(s) of reporting by countries on health events and health outcomes to WHO and other international agencies.

(ii) Strengthened epidemiological capacity

Every country has a regular reporting system for a host of diseases; every programme at the country level requires substantial information collection and reporting, in addition to the annual reports that countries submit to international agencies and donor partners. Through the strengthening of essential public health functions, it is expected to enhance the capacity of the countries to collect, collate and analyse health information so that it is used

for management and policy decision. At the same time, strengthening epidemiological capacity in countries will help them to respond effectively and appropriately to emerging and re-emerging threats to public health.

(iii) Special assessments

In certain (limited) cases special assessment may be required to ascertain the progress in strengthening a country's health system in general and public health capacity in particular.

Annex 1

TENTATIVE BUDGET

Projected cost (in millions of US $)

		2004/2005	2006/2007	2008/2009
1	High-level advocacy for policy changes to promote public health in national development agenda	0.250	0.400	0.150
2	Facilitating strengthening of public health education in SEA Region	0.500	0.500	0.500
3	Facilitating development of national public health training institution(s) in select countries	1.500	1.000	1.000
4	Facilitating the establishment of a public health education institutions' network	0.500	0.500	0.350
5	Defining essential public health functions and promoting their implementation	1.000	2.500	2.500
6	Programme Management	0.250	0.250	0.250
7	Monitoring progress	0.075	0.075	0.150
7	Miscellaneous	0.050	0.050	0.050
	Total	**4.125**	**5.275**	**4.950**

Annex 2

TECHNICAL WORKING GROUP (TWG)

(i) Objective

The objective of forming an in-house Technical Working Group is to have a dedicated group of people in the Regional Office who will assist in the development of the South-East Asia Public Health Strengthening Project document.

(ii) Expected activities

The TWG is expected to;

- Assist in the development of a strategic framework and the project document for strengthening public health in the Region;
- Assist and advise in the planning and evaluation of activities related to the strengthening of essential public health functions;
- Identify the linkages of the Public Health Project activities with those of technical units and identify/mobilize resources; and
- Monitor the progress of implementation of the South-East Asia Public Health initiative.

(iii) Method of working

The TWG will meet at least once a month to review the draft project document and to advise the Project Manager in the further development of the project.

The TWG will also regularly guide, through email communication, the Project Manager in developing the project for the strengthening public health in the South-East Asia Region.

The Director, Programme Management, will oversee the development of the project, but the day-to-day work of developing the project will be the responsibility of the Project Manager under the supervision of the Director, Health Systems Development.

(iv) Members of the TWG

The following are nominated as members of the in-house Technical Working Group (TWG);

- Dr. Bjorn Melgaard, DPM, (Chair)
- Dr. U. Than Sein, Director (HSD),
- Dr. A. Sattar Yoosuf, Director (SDE),
- Dr. Jai P. Narain, Coordinator (HIV/AIDS, TB),
- Dr. Sawat Ramaboot, Director (NMH),
- Dr. P.T. Jayawickramarajah, Coordinator (SHS),
- Dr. Adik Wobowo, RA-RPC,
- Dr. Duangvadee Sungkhobol, RA-NUR

Dr. Pem Namgyal, the Project Manager, will act as Member/Secretary.

Appropriate staff from WHO-HQ, other regional offices and WHO Country Offices would be invited as and when necessary.

Annex 3

THE STRATEGIC ADVISORY GROUP (SAG)

(i) Objective

The objective of forming a strategic advisory group of internationally renowned and influential public health experts is to provide strategic advice to the Regional Director on the development of this project. It is also hoped that the members of the SAG will be instrumental in mobilizing support and resources for the implementation of the South-East Asia Public Health Initiative.

(ii) Expected responsibilities of the SAG are to:

- Guide the development of the initiative to strengthen public health in the Region;
- Make recommendations on policies and strategies to strengthen public health within the framework of national and regional health systems development;
- Provide strategic directions in implementing regional and national public health development activities within the framework of regional work plans;
- Advise and help to mobilize resources for the South-East Asia Public Health initiative.

(iii) Members of the SAG

The proposed members of the SAG are,

- Dr. Sigrun Mogedal (NORAD)
- Dr Roy Schwarz, MD (China Medical Board)
- Mr. Takao Kawakami (JICA)
- Professor Alan Lopez (Australia)
- Professor NK Ganguly, (India)
- Associate Professor Chalermchai Chaikittiporn, (Thailand)
- Professor Ascobat Gani, (Indonesia)

- Dr. Palitha Abeykoon, (Sri Lanka)
- Dr. U Ko Ko (Myanmar), and
- Associate Professor Wilawan Senaratana (Thailand)

WHO Secretariat from HQ, Regional and Country Offices will support the work of SAG wherever necessary.